



Therapeutic Recreation Registration Enrollment Form

Please complete both the front and back pages and print all information on this form. Return this form with check payable to: Cincinnati Recreation Commission. Mail to: CRC, Therapeutic Recreation, 805 Central Avenue, Suite #800, Cincinnati, Ohio 45202 (or call (513) 352-4028 for more information).

1. Participant Information

First Name

Last Name

Date of Birth

Address

Street

Apt #

City

State

Zip Code

Gender

Home Phone Number

Emergency Phone (other than home)

Emergency Contact (other than parent)

Relationship

Mother's Work Phone Number

Father's Work Phone Number

Doctor's Name

Doctor's Work Phone Number

School/Workshop

Teacher/Supervisor

Group Home Agency

Agency Phone Number

2. Disabling Condition

Please identify the participants' disabling condition. Circle all that apply to the participant and/or write in any disabling condition not listed:

Arthritis

Down Syndrome

Mental Retardation, Mild

Spina Bifida

Attention Deficit Disorder

Head Injury

Mental Retardation, Moderate

Spinal Cord Injury

Autism

Hearing Impairment

Mental Retardation, Severe

Injury Level: _____

Behavioral Disorder

Learning Disability

Muscular Dystrophy

Vision Impairment

Cerebral Palsy

Mental Illness

Multiple Sclerosis

Other: _____

Does participant walk independently? ☐ YES ☐ NO If not, what type of assistance is required? ☐ Wheelchair ☐ Walker

☐ Other (please specify): _____

Does participant dress independently? ☐ YES ☐ NO If not, what type of assistance is required? _____

Does participant use bathroom/toilet independently? ☐ YES ☐ NO If not, what type of assistance is required? _____

Does participant communicate through speech? ☐ YES ☐ NO If not, what type of communication is used? _____

Additional information that would assist in programming for participant: _____

3. Medical Information

Please circle all that apply to participant:

Allergies (specify below)

Arthritis

Asthma

Atlantoaxial Subluxation

Catheter

Diabetes

Diet Restriction

Ear Tubes

Glasses

Hearing Aid

Heart Condition

Hepatitis Carrier

High Blood Pressure

Scoliosis

Seizures

Shunt

Tracheotomy

Other: _____

Please provide **specific** information for medical conditions we should be aware of (allergies, activity restriction, etc.): _____

Does participant have seizures? ☐ YES ☐ NO If yes, what type? ☐ Grand Mal ☐ Petit Mal ☐ Other _____

If yes, how often does participant have seizures? _____ Date of last seizure: _____

Please identify type, dosage and time of any medication participant is currently taking:

MEDICATION:

Type _____

Dosage _____

Time _____

4. Program Information

The program fees vary according to residency in or outside of the City of Cincinnati. Please indicate with an "X" which ONE of the following applies: (Please see the **Zip Code Directory** below if you are unsure of your status.)

☐ Cincinnati Resident ☐ Non-Resident ☐ Non-Resident, pay Cincinnati tax (attach verification)

Program Code	Program Name / Location	Fee
		\$
		\$
		\$
		\$
Staff / Aid / Attendant		\$
Total Amount Enclosed		\$

5. Participant / Parent / Guardian Release

As a participant or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have, as a result of my or my son's/daughter's participation in the program, against the Cincinnati Recreation Commission, City of Cincinnati, and their agents, employees, staff and volunteers. I do hereby fully release and discharge the Cincinnati Recreation Commission, City of Cincinnati, and their agents, employees, staff and volunteers for any and all claims from injuries, damage or loss which I have or which may accrue to me on account of my son's/daughter's participation in the program. I further agree to protect, defend and hold harmless the Cincinnati Recreation Commission, City of Cincinnati, and their agents, employees, staff and volunteers from any and all claims resulting from injuries, damage or losses sustained by myself or my son/daughter or arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand this release form. **Before registration in this program is valid, this release form must be signed by the participant or the participant's parent or legal guardian.**

Signature of Participant / Parent / Guardian _____ Date _____

6. Confidentiality Release

I, the undersigned, hereby authorize the Cincinnati Recreation Commission to utilize photographs, videotapes, voice recordings, etc., of the participant to be used exclusively for promotion, advertising, and marketing of the Cincinnati Recreation Commission and its programs.

Signature of Participant / Parent / Guardian _____ Date _____

I, the undersigned, hereby authorize the Cincinnati Recreation Commission to contact school/work activity center concerning participant information that pertains to the recreation program.

Signature of Participant / Parent / Guardian _____ Date _____